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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) - required)	Attorney Docket Number	20076-09
	First Named Inventor	Mehmet C. OZ
	COMPLETE IF KNOWN	
	Application Number	/ to be assigned
	Filing Date	to be assigned
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR CIRCULATORY VALVE REPAIR

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/051,078	06/27/1997	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/13240	06/25/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
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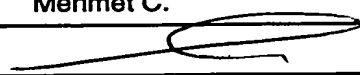
Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Frank J. DeRosa	26,543
William H. Dippert	26,723	Morey B. Wildes	36,968
R. Lewis Gable	22,479		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Mehmet C.			OZ		
Inventor's Signature					Date
Residence: City		State	Country	Citizenship	
Cliffside Park		NJ	US	US	
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City	State	ZIP	Country		
Cliffside Park	NJ	07010	US		

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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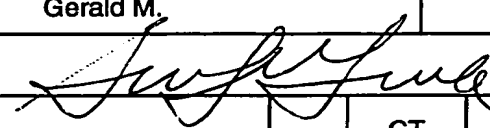
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gerald M.				LEMOLE			
Inventor's Signature				2/23/99		Date	
Residence: City	State	CT	Country	US	Citizenship	US	
Post Office Address	404 Tomlinson Road						
Post Office Address							
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Alan				LOTVIN			
Inventor's Signature						Date	
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address	7 Lilline Lane						
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City	Upper Saddle River	State	NJ	ZIP	07458	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Juan P.				UMANA			
Inventor's Signature						Date	
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Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address							
City	New York	State	NY	ZIP	10032	Country	US

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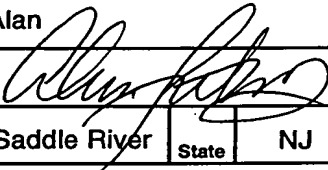
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Given Name (first and middle [if any])				Family Name or Surname			
Gerald M.				LEMOLE			
Inventor's Signature						Date	
Residence: City	State	CT	Country	US	Citizenship	US	
Post Office Address	404 Tomlinson Road						
Post Office Address							
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Alan				LOTVIN			
Inventor's Signature						Date	2/24/99
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address	7 Lilline Lane						
Post Office Address							
City	Upper Saddle River	State	NJ	ZIP	07458	Country	US
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Juan P.				UMANA			
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Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address							
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Supplemental Sheet
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Gerald M.				LEMOLE				
Inventor's Signature					Date			
Residence: City		State	CT	Country	US	Citizenship	US	
Post Office Address		404 Tomlinson Road						
Post Office Address								
City		Huntingdon Valley	State	PA	ZIP	19006	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Alan				LOTVIN				
Inventor's Signature					Date			
Residence: City		Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address		7 Lilline Lane						
Post Office Address								
City		Upper Saddle River	State	NJ	ZIP	07458	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Juan P.				UMANA				
Inventor's Signature					Date		2/27/99	
Residence: City		New York	State	NY	Country	US	Citizenship	US
Post Office Address		c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address								
City		New York	State	NY	ZIP	10032	Country	US

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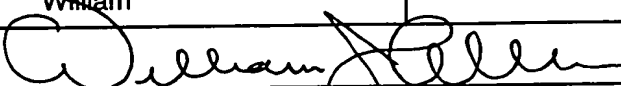
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Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
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Inventor's Signature				Date	2/23/95		
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Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	


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William				ALLEN			
Inventor's Signature				Date			
Residence: City	Stratford	State	CT	Country	US	Citizenship	US
Post Office Address	30 Cut Spring Road						
Post Office Address							
City	Stratford	State	CT	ZIP	06614	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Howard R.				LEVIN			
Inventor's Signature				Date		03/23/97	
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Post Office Address							
City	Teaneck	State	NJ	ZIP	07666	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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